

## **DNR/ Do Not Resuscitate Request Instructions**

**Please read instructions thoroughly**

In accordance with Kentucky Revised Statute (KRS 311.621 TO 311.643 and Regulation (910 KAR 2:040) those who meet criteria for a DNR order is anyone who:

- Has a terminal condition- “a condition caused by injury, disease, or illness, which to a reasonable degree of medical probability as determined solely by the patients attending physician and one (1) other physician, is incurable and irreversible and will result in death within a relatively short time, and where the application of life prolonging treatment would serve only to artificially prolong the dying process.” or
- Is permanently unconscious- “a condition which, to a reasonable degree of medical probability, as determined solely by the patients attending physician and one (1) other physician on clinical examination, is characterized by an absence of cerebral cortical functions indicative of consciousness or behavioral interaction with the environment or
- Has a comorbid condition, in which two (2) or more coexisting medical conditions compromise the wards chance of recovery or of benefiting from active treatment.

### **Requirements for the STATE GUARDIANSHIP DNR REQUEST FORM (DAIL-DNR-01):**

- Name must be spelled correctly
- Date of birth and social security number must be correct
- Diagnoses must be written out in name form (not ICD-10 code)
- You must check either YES or NO for each of the three questions  
(Please note that if all questions are marked NO, the patient will not meet basic criteria for DNR)
- The physician attestation must be completed by an Attending Physician, must be complete, and legible

### **Along with the completed DNR Request Form, please also submit all of the following:**

- **Medical records** supporting the listed diagnoses (labs, diagnostic test results, consult notes, etc), history and physical, and a few days of progress notes to show the clients current condition
- **Attending Physician note** recommending DNR status change and a brief explanation answering why it is recommended (this is typically in the form of a progress note but may be submitted as a signed statement)
- **Fax Cover sheet** with your contact name, telephone number, and a fax number so that we may contact you for approval or missing information

**Fax all of the above to the Department of Aging and  
Independent Living (DAIL) Nurse Consultant at  
Fax Number 502-564-1203**

If you have any questions please feel free to contact DAIL Nurse Consultant

Mary Ailiff, RN (502) 564-6930 ext 3971 OR Leanna McGaughey, RN (502) 564-6930 ext 3890

The DNR Request Form is a legal document and if not completed, it will be returned to you for completion.

Advanced Practice Nurses and Physician Assistant signatures cannot be accepted on this form.

In addition, with a DNR order in place, Guardianship assumes that clients will continue to receive treatment as usual and necessary, but that any treatment they require stop short of cardiopulmonary resuscitation.

**Please note that we must thoroughly review all requests to ensure we are making the best decision on behalf of our clients. These reviews and approval occur during regular business hours. The After Hours Guardianship Hotline cannot accept, review, or approve any requests.**

**FOR AFTER HOURS GUARDIANSHIP EMERGENCY PLEASE CALL 844-550-9006**